

FINAL PAYMENT INVOICE

Instructions: This is a Final payment. Please allow four to six weeks for processing. You must submit the following documents along with this form to receive payment: Final Report **Budget Forms Project Receipts** DATE: TO: Cambridge Arts Council 344 Broadway, 2nd FL Cambridge, MA 02139 Grantee:_____ FROM: Grant Application #:_____ Project Title: Project Dates: Name: _____ PAYABLE/ REMIT TO: Address: City: _____ State: ____ Zip: ____ Tax ID/FEI/SS#:_____ FOR: Final Grant Payment TOTAL GRANT AMOUNT: \$_____ BALANCE DUE (25%): \$_____ GRANTEE'S SIGNATURE: OFFICAL USE ONLY Vendor #: _____ Account Code: Approved By:

Jason Weeks, Executive Director

Cambridge Arts Council

Date

Julie Barry, Director of Community Arts Date

Cambridge Arts Council